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Bib Data Sheet

CONFIRMATION NO. 4656

<b>SERIAL NUMBER</b> 10/648,526	<b>FILING OR 371(c) DATE</b> 08/26/2003 <b>RULE</b>	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3738	<b>ATTORNEY DOCKET NO.</b> 1437-01100
<b>APPLICANTS</b> Michael T. Wilson, Missouri City, TX;				
<b>** CONTINUING DATA *****</b> <i>none AS</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>none AS</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 11/15/2003</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowed fees <i>AS</i>		<b>STATE OR COUNTRY</b> TX	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 20
Verified and Acknowledged Examiner's Signature _____ Initials _____		<b>INDEPENDENT CLAIMS</b> 2		
<b>ADDRESS</b> 23505				
<b>TITLE</b> Prosthetic hip joint with side pivot				
<b>FILING FEE RECEIVED</b> 440	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	